

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

JUN 1 2007

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Reach Out West End

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-2642747

* c. Organizational DUNS:

793875105

d. Address:

* Street1: 1126 W. Foothill Blvd., Suite 185

Street2:

* City: Upland

County: San Bernardino

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 91786

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name: Diana

Middle Name:

* Last Name: Fox

Suffix:

Title: Executive Director

Organizational Affiliation:

Reach Out West End

* Telephone Number: 909.982.8641

Fax Number: 909.982.8642

* Email: dianafox@reachout-westend.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U.S. Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

Safe and Drug-Free Schools and Communities_National Programs

*** 12. Funding Opportunity Number:**

ED-GRANTS-041107-001

* Title:

Mentoring Programs CFDA 84.184B

13. Competition Identification Number:

84-184B2007-1

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Cities of Ontario and Montclair in the County of San Bernardino, CA

*** 15. Descriptive Title of Applicant's Project:**

Student Assistance Mentoring Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-026

* b. Program/Project CA-026

Attach an additional list of Program/Project Congressional Districts if needed.

Congressional Districts for the Project.doc

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 09/30/2010

18. Estimated Funding (\$):

* a. Federal	600,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	600,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/23/2007 .

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Diana
Middle Name:
* Last Name: Fox
Suffix:

* Title: Executive Director

* Telephone Number: 909.982.8641 Fax Number: 909.982.8642

* Email: dianafox@reachout-westend.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 22, 2007	Applicant Identifier																					
5. APPLICANT INFORMATION Legal Name: Redwood Community Action Agency Address (give city, county, State, and zip code): 904 G Street, Eureka, CA 95501		3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 2 6 4 6 3 7 0		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit CAA</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">N</div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Housing Service																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; border: 1px solid black; padding: 2px;">1 0 — 4 3 3</div> TITLE: Housing Preservation Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Humboldt Housing Preservation Program - To conduct housing repair for owner-occupied, very low income households within the rural areas of Humboldt County.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Humboldt		13. PROPOSED PROJECT Start Date: 9/1/07 Ending Date: 8/31/08																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: First District b. Project: First District		15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">100,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">6,000⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">363,700⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">469,700⁰⁰</td></tr> </table>		a. Federal	\$	100,000 ⁰⁰	b. Applicant	\$	6,000 ⁰⁰	c. State	\$	0 ⁰⁰	d. Local	\$	363,700 ⁰⁰	e. Other	\$	0 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	469,700 ⁰⁰
a. Federal	\$	100,000 ⁰⁰																						
b. Applicant	\$	6,000 ⁰⁰																						
c. State	\$	0 ⁰⁰																						
d. Local	\$	363,700 ⁰⁰																						
e. Other	\$	0 ⁰⁰																						
f. Program Income	\$	0 ⁰⁰																						
g. TOTAL	\$	469,700 ⁰⁰																						
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 05/24/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Kermit Thobaben		b. Title Interim Executive Director																						
c. Telephone Number (707) 269-2021		d. Signature of Authorized Representative 																						
e. Date Signed 5/25/07		f. Date Signed																						

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/01/07	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix:	
Zip Code: 92020		Email: Peter.Drinkwater@sdcounty.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-8000934

7. TYPE OF APPLICANT: (See back of form for Application Types)
a. ☐ New ☐ Continuation ☒ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify) ☐ A

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☒ Revision

9. NAME OF FEDERAL AGENCY:
FEDERAL AVIATION ADMINISTRATION

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20-106
TITLE (Name of Program):
AIRPORT IMPROVEMENT PROGRAM (AIP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
McCLELLAN-PALOMAR AIRPORT - PALOMAR AIRPORT
TERMINAL REDEVELOPMENT PROJECTS

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
CARLSBAD, CA

13. PROPOSED PROJECT
Start Date: TBD
Ending Date: TBD

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: 52
b. Project: 51

15. ESTIMATED FUNDING:

a. Federal	\$ (Less \$500K FY2006 Entitlement)	15,403,065
b. Applicant	\$	658,748
c. State	\$	
d. Local	\$	
e. Other	\$	6,034,550
f. Program Income	\$	0
g. TOTAL	\$	22,096,362

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 06/28/07 Fax (916) 323-3018 Sheila Brown
b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name PETER	Middle Name L.
Last Name DRINKWATER		Suffix
b. Title DIRECTOR OF COUNTY AIRPORTS		c. Telephone Number (give area code) (619) 956-4839
d. Signature of Authorized Representative <i>Peter Drinkwater</i>		e. Date Signed 06/01/07

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission:

- ☒ Application
☐ Plan
☐ Funding Request
☐ Other

* Other (specify)

* 1.b. Frequency:

- ☒ Annual
☐ Quarterly
☐ Other

* Other (specify)

* 1.d. Version:

- ☒ Initial ☐ Resubmission ☐ Revision ☐ Update

* 2. Date Received:

Completed by Grants.gov upon submission.

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes ☐ No ☒

7. APPLICANT INFORMATION:

* a. Legal Name:

Loretta's Guest Home, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

660842827

* c. Organizational DUNS:

791308724

d. Address:

* Street1:

18590 Una Street

Street2:

* City:

Perris

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92570-9207

e. Organizational Unit:

Department Name:

Grant Funding

Division Name:

f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

Mrs.

* First Name:

Loretta

Middle Name:

* Last Name:

Jorge

Suffix:

Title:

President

Organizational Affiliation:

* Telephone Number: 951-231-4235

Fax Number: 909-483-2048

* Email: jneney123@aol.com

OMB Number: 4040-0002
Expiration Date: 06/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

N: Nonprofit without 501C3 (RS Status (Other than Institution of Higher Education))

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

Housing and Community Facilities Programs

10. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

11. Areas Affected by Funding:

Los Angeles County
Riverside County

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

44

b. Program/Project:

CA-044

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2007

b. End Date:

09/01/2008

14. ESTIMATED FUNDING:

* a. Federal (\$):

100,000.00

b. Match (\$):

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/05/2007☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.☐ c. Program is not covered by E.O. 12372.

OMB Number: 4040-0002
Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I Agree ☒

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mrs.

* First Name:

Loretta

Middle Name:

* Last Name:

Jorge

Suffix:

* Title:

President

Organizational Affiliation:

* Telephone Number:

951-231-4235

* Fax Number:

909-483-2048

* Email:

jnenay123@aol.com

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other <input type="checkbox"/> Other (specify) <div></div>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <input type="checkbox"/> Other (specify) <div></div>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <div></div>		5. Date Received by State: <div></div>	
		4a. Federal Entity Identifier: <div></div>		5. State Application Identifier: <div></div>	
		4b. Federal Award Identifier: <div></div>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <div></div>					
7. APPLICANT INFORMATION:					
* a. Legal Name: Blue Ice Group Home, Inc.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 205098990			* c. Organizational DUNS: 796819088		
d. Address:					
* Street1: 10310 S St Andrews Place			Street2: <div></div>		
* City: Los Angeles			County: JUN 5 2007		
* State: CA: California			Province: STATE CLEARING HOUSE		
* Country: USA: UNITED STATES			* Zip / Postal Code: 90047-4167		
e. Organizational Unit:					
Department Name: Grant Funding			Division Name: <div></div>		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: Mr.		* First Name: Frank		Middle Name: <div></div>	
* Last Name: McCullah		Suffix: Jr.			
Title: President					
Organizational Affiliation: <div></div>					
* Telephone Number: 323-203-7333			Fax Number: 908-483-2048		
* Email: grbell1966@aboglobal.net					

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

* Other (specify):

b. Additional Description:

* 8. Name of Federal Agency:

Housing and Community Facilities Programs

10. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

11. Areas Affected by Funding:

Los Angeles County

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

05

b. Program/Project:

CA-005

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2007

b. End Date:

09/01/2008

14. ESTIMATED FUNDING:

* a. Federal (\$):

100,000.00

b. Match (\$):

* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/05/2007☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.☐ c. Program is not covered by E.O. 12372.

OMB Number: 4040-0002

Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

*** 16. Is The Applicant Delinquent On Any Federal Debt?**Yes ☐ No ☒

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 210, Section 1001)

** I Agree ☒

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mr.

* First Name:

Frank

Middle Name:

* Last Name:

McCullah

Suffix:

Jr.

* Title:

President

Organizational Affiliation:

* Telephone Number:

323-203-7333

* Fax Number:

909-483-2048

* Email:

grbell1855@sboglobal.net

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div></div>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div></div>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <div></div>		6. Date Received by State: <div></div>	
		4a. Federal Entity Identifier: <div></div>		6. State Application Identifier: <div></div>	
		4b. Federal Award Identifier: <div></div>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
7. APPLICANT INFORMATION:					
* a. Legal Name: Redeemed-A Fresh Start					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 208219490			* c. Organizational DUNS: 780619087		
d. Address:					
* Street1: 5888 Milana Drive			Street2: <div></div>		
* City: Corona			County: <div></div>		
* State: CA: California			Province: <div></div>		
* Country: USA: UNITED STATES			* Zip / Postal Code: 92880-8624		
e. Organizational Unit:					
Department Name: Grant Funding			Division Name: <div></div>		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: Mr.		* First Name: Carey		Middle Name: <div></div>	
* Last Name: Drisdorn				Suffix: <div></div>	
Title: President					
Organizational Affiliation: <div></div>					
* Telephone Number: 310-904-4570			Fax Number: 909-483-2048		
* Email: redeemed@charter.net					

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

Housing and Community Facilities Programs

10. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

11. Areas Affected by Funding:

Riverside County
Los Angeles County

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

348

b. Program/Project:

CA-348

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2007

b. End Date:

09/01/2008

14. ESTIMATED FUNDING:

* a. Federal (\$):

100,000.00

b. Match (\$):

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

- ☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/05/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.
- ☐ c. Program is not covered by E.O. 12372.

OMB Number: 4040-0002

Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐No ☒

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree ☒

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mr.

* First Name:

Carey

Middle Name:

* Last Name:

Driedom

Suffix:

* Title:

President

Organizational Affiliation:

* Telephone Number:

310-804-4570

* Fax Number:

909-483-2048

* Email:

redcom6@charter.net

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

Housing and Community Facilities Programs

10. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

Rural Housing Preservation Grants

RECEIVED

JUN 5 2007

STATE CLEARING HOUSE

11. Areas Affected by Funding:

Los Angeles County
Riverside County

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

348

b. Program/Project:

CA-348

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

13. FUNDING PERIOD:

a. Start Date:

09/01/2007

b. End Date:

09/01/2008

14. ESTIMATED FUNDING:

* a. Federal (\$):

100,000.00

b. Match (\$):

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on: 06/05/2007☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.☐ c. Program is not covered by E.O. 12372.

OMB Number: 4040-0002

Expiration Date: 08/31/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree ☒

** This list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Mrs.

* First Name:

Haidee

Middle Name:

* Last Name:

Gaza

Suffix:

* Title:

President

Organizational Affiliation:

* Telephone Number:

951-340-4754

* Fax Number:

908-483-2048

* Email:

haideegaza@sbcglobal.net

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <div></div>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <div></div>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <div></div>		6. Date Received by State: <div></div>	
		4a. Federal Entity Identifier: <div></div>		6. State Application Identifier: <div></div>	
		4b. Federal Award Identifier: <div></div>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
7. APPLICANT INFORMATION:					
* a. Legal Name: Gaza Homes, Inc.					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 20-5000498			* c. Organizational DUNS: 791379162		
d. Address:					
* Street1: 4260 San Sebastian Circle			Street2: <div></div>		
* City: Corona			County: <div></div>		
* State: CA: California			Province: STATE CLEARING HOUSE		
* Country: USA: UNITED STATES			* Zip / Postal Code: 92882-7937		
e. Organizational Unit:					
Department Name: Grant Funding			Division Name: <div></div>		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: Mrs.		* First Name: Haidee		Middle Name: <div></div>	
* Last Name: Gaza		Suffix: <div></div>			
Title: President					
Organizational Affiliation: <div></div>					
* Telephone Number: 951-340-4754			Fax Number: <div></div>		
* Email: haideegaza@sbcglobal.net					

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/08/2007		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier SAI Exempt	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: Greenville Rancheria		Organizational Unit: Department: Greenville Rancheria Environmental Protection Agency
Organizational DUNS: 78023075		Division:
Address: Street: P.O. Box 279 410 Main Street City: Greenville, CA 95947 County: Plumas State: California		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr.
Zip Code: 95947		First Name: Michael
Country: United States		Middle Name: Duane
Email: mdespain.epa@greenvillerancheria.com		Last Name: DeSpain
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0052490		Phone Number (give area code) 530-284-7990
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) K Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Community Water Assistance Grant 10-763		9. NAME OF FEDERAL AGENCY: USDA Rural Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Plumas County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Greenville Rancheria Indian Mission Water System Project
13. PROPOSED PROJECT Start Date: As soon as funded Ending Date: 6 months after award		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 75,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 75,000.00		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Authorized Representative		
Prefix: Mrs.		First Name: Erica
Last Name: Kellison		Middle Name: Marie
b. Title Tribal Chairperson		Suffix:
d. Signature of Authorized Representative <i>Erica Kelli</i>		c. Telephone Number (give area code) 530-284-7990
		e. Date Signed 6/4/07

COPY

Version 02

Application for Federal Assistance SF-424

*1. Type of Submission:

☐ Preapplication

☒ Application

☐ Changed/Corrected Application

*2. Type of Application

☒ New

☐ Continuation

☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

RECEIVED

JUN 6 2007

3. Date Received:

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Break the Barriers

*b. Employer/Taxpayer Identification Number (EIN/TIN):

77-0106437

*c. Organizational DUNS:

197384415

d. Address:

*Street 1: 8555 N. Cedar Avenue

Street 2: _____

*City: Fresno

County: Fresno

*State: California

Province: _____

*Country: United States

*Zip / Postal Code 93720

e. Organizational Unit: Break the Barriers

Department Name:

Break the Barriers

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: Deby

Middle Name: _____

*Last Name: Hergenrader

Suffix: _____

Title: Executive Director/Co-Founder

Organizational Affiliation:

*Telephone Number: 559-432-6292

Fax Number: 559-432-5995

*deby@breakthebarriers.org

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type: m. Nonprofit with 501 (C) 3 Status Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: USDE Office of Safe and Drug-Free Schools	
11. Catalog of Federal Domestic Assistance Number: <u>84.184B</u> CFDA Title: <u>Mentoring Programs</u>	
*12 Funding Opportunity Number: <u>ED-GRANTS-041107-001</u> *Title: <u>USDE Office of Safe and Drug Free Schools Mentoring Program</u>	
13. Competition Identification Number: _____ Title: _____	
14. Areas Affected by Project (Cities, Counties, States, etc.): California; Fresno County Cities and School Districts: Clovis, Fowler, Fresno, and Kings Canyon School Districts California; Madera County Cities and School Districts: Golden Valley and Madera Unified School Districts	
*15. Descriptive Title of Applicant's Project: Break the Barriers will develop a school based mentoring program entitled Buddy Up for 400 special needs and foster care students in grades 4-8 in six public school districts in Fresno and Madera Counties, California. The Buddy Up mentoring program will use the National Center and Mass Mentoring Partnership Model: Partners for Youth with Disabilities and also incorporate other best practices to help special needs and foster care students develop a sense of belonging, improve relationships, increase achievement and performance, and build resiliency against drugs, alcohol, tobacco, and gang involvement. Partners in the Buddy Up program include Family Builders Foster Care, Inc., colleges and universities, schools and school districts, community based organizations, and professional associations. The Buddy Up Program will be a replicable, full inclusion mentoring model for high needs youth.	

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-019

*b. Program/Project: CA-018, CA-019, CA-020, CA-021

17. Proposed Project:

*a. Start Date: 10/1/07

*b. End Date: 9/30/2010

18. Estimated Funding (\$):

*a. Federal	<u>\$200,000</u>
*b. Applicant	<u>\$64,000</u>
*c. State	<u> </u>
*d. Local	<u> </u>
*e. Other	<u> </u>
*f. Program Income	<u> </u>
*g. TOTAL	<u>\$264,000</u>

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- X a. This application was made available to the State under the Executive Order 12372 Process for review on 5/23/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes X No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

X ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: *First Name: Deby

Middle Name:

Last Name: Hergenrader

Suffix:

*Title: Executive Director/Co-Founder

*Telephone Number: 559-432-6292

Fax Number: 559-432-5995

* Email: deby@breakthebarriers.org*Signature of Authorized Representative: Deby Hergenrader

*Date Signed: 5/14/2007

Application for Federal Assistance SF-424

*1. Type of Submission:

☐ Preapplication

X Application

☐ Changed/Corrected Application

*2. Type of Application

X New

☐ Continuation

☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

RECEIVED

JUN 6 2007

STATE CLEARING HOUSE

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Indio Youth Task Force

*b. Employer/Taxpayer Identification Number (EIN/TIN):
330474262

*c. Organizational DUNS:
779992952

d. Address:

*Street 1: 46800 Jackson Street

Street 2: _____

*City: Indio

County: Riverside

*State: California

Province: _____

*Country: United States

*Zip / Postal Code 92201

e. Organizational Unit: Indio Youth Task Force

Department Name:
Indio Youth Task Force

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Chief *First Name: Brad

Middle Name: _____

*Last Name: Ramos

Suffix: _____

Title: Executive Director/Police Chief, Indio Police Department

Organizational Affiliation:

*Telephone Number: 760.391.4030

Fax Number: 760.391.4053

*EmailBramos@indiopd.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

m. Nonprofit with 501 (C) 3 Status

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDE Office of Safe and Drug-Free Schools

11. Catalog of Federal Domestic Assistance Number:

84.184B

CFDA Title:

Mentoring Program

***12 Funding Opportunity Number:**

ED-GRANTS-041107-001

*Title:

USDE Office of Safe and Drug Free Schools Mentoring Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The Cities of La Quinta, Indio, Palm Desert, Coachella and Bermuda Dunes in Riverside County, California.

***15. Descriptive Title of Applicant's Project:**

Indio Youth Task Force (IYTF) will develop the **Si Se Puede Mentoring Program** for 400 children and youth (each year) who reside in Riverside County, California and attend schools in Desert Sands Unified School District. IYTF will use the research based "Best Practices of Youth Violence Prevention" and the Search Institute's Asset Development Models to increase student achievement and reduce juvenile crime. The **Si Se Puede Mentoring Program** will be an asset-based program that will provide children and youth with a positive role model for a sustained period of time.

16. Congressional Districts Of:

*a. Applicant: CA-045

*b. Program/Project: CA-045

17. Proposed Project:

*a. Start Date: October 1, 2007

*b. End Date: September 30, 2010

18. Estimated Funding (\$):

*a. Federal	\$200,000
*b. Applicant	\$198,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$398,000

19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 5/23/2007☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E. O. 1237220. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

X ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

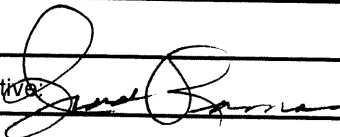
Authorized Representative:

Prefix: Chief *First Name: Brad
Middle Name: _____
*Last Name: Ramos
Suffix: _____

*Title: Executive Director/Chief of Police, Indio Police Department

*Telephone Number: 760.347.8522 ext. 225

Fax Number: 760.391.4053

* Email: Bramos@indiopd.org*Signature of Authorized Representative: 

*Date Signed: 5/16/2007

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/4/2007	Applicant Identifier 13-0551-0-1-503
1. TYPE OF SUBMISSION: Application Pre-Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 6/4/2007	State Application Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY 6/4/2007	Federal Identifier N/A
5. APPLICANT INFORMATION			
Legal Name: Angelo P. Williams		Organizational Unit: Department: N/A	
Organizational DUNS: Digital Video Broadcast Information Center (DVBIC)		Division: N/A	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 230 W Linfield st.		Prefix: Mr.	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 08 2007 STATE CLEARING HOUSE </div>
City: Glendora		Middle Name: Paul	
County: LA		Last Name : Williams	
State: California	Zip Code: 91740	Suffix: sr.	
Country: United States		Email: williams_f1@roadrunner.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 567191635		Phone Number (give area code) 626-224-5277	Fax Number (give area code) 626-335-4979
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) N/A, N/A Other (specify) : N/A		7. TYPE OF APPLICANT: N Other (specify) : Non profit Organization	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.550 TITLE (Name of Program): Public Telecommunications Facilities Planning and Construction (PTFP)		9. NAME OF FEDERAL AGENCY: DEPARTMENT OF COMMERCE	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Consumers living in the rural, and wilderness areas of our country will be affected the most by this TV Broadcasting change. The DVBIC hopes to offer this free information service to all consumers, the only requirement for this service, is public needs.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Digital Video Broadcasting Information Center is an non-profit organization committed to assisting those consumers in need of help to comply with the new digital TV Broadcast System. Their are millions of consumers who have at least 1 or 2 TVs in their home that depends on over the air broadcast to get a TV signal. Some consumers, who live further outside of our urban communities, rely solely on over the air broadcast to receive TV signals. The DVBIC will be the last line of defense, to insure that most if not all of our consumers will be able to receive a TV signal (analog or digital) after the Analog to Digital TV Broadcast System transition in 2009.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 6/4/2007	Ending Date: 6/4/2007	a. Applicant Inland Empire	b. Project Southern California Districts
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 980000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE : 6/4/2007	
b. Applicant	\$ 0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0		
e. Other	\$ 0		
f. Program Income	\$ 0		
g. TOTAL	\$ 980000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/ PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name: Angelo	Middle Name: Paul	
Last Name: Williams		Suffix: sr.	
b. Title: President		c. Telephone Number (give area code) : 626-224-5277	
d. Signature of Authorized Representative		e. Date Signed	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/06/07	Applicant Identifier
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
COUNTY OF SAN DIEGO		Department: PUBLIC WORKS	
Organizational DUNS: 00-9581646		Division: AIRPORTS	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	First Name: PETER
1960 JOE CROSSON DR.		Middle Name	
City: EL CAJON		Last Name DRINKWATER	
County: SAN DIEGO		Suffix:	
State: CA	Zip Code 92020	Email: Peter.Drinkwater@sdcounty.ca.gov	
Country: USA		Phone Number (give area code) (619) 956-4839	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000934		Fax Number (give area code) (619) 956-4801	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input checked="" type="checkbox"/> A Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - PALOMAR AIRPORT TERMINAL REDEVELOPMENT PROJECTS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/06/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 18,456,703		
b. Applicant	\$ 6,693,298		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$ 0		
g. TOTAL	\$ 22,096,362		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name PETER	Middle Name L.	
Last Name DRINKWATER	Suffix		
b. Title DIRECTOR OF COUNTY AIRPORTS	c. Telephone Number (give area code) (619) 956-4839		
d. Signature of Authorized Representative	e. Date Signed 06/06/07		

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 6/06/07	Applicant Identifier	
5. APPLICANT INFORMATION Legal Name: COUNTY OF SAN DIEGO			3. DATE RECEIVED BY STATE	State Application Identifier	
Organizational DUNS: 00-9581648			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Country: USA			Organizational Unit: Department: PUBLIC WORKS Division: AIRPORTS Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: Email: Peter.Drinkwater@sdcounty.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934			Phone Number (give area code) (619) 956-4839		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> A			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)			9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - PALOMAR AIRPORT TERMINAL REDEVELOPMENT PROJECTS		
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal Less: \$500K 2008 Entitlement \$ 18,456,703			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/08/07		
b. Applicant \$ 3,639,659			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 0					
g. TOTAL \$ 22,096,362					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name PETER		Middle Name L.	
Last Name DRINKWATER				Suffix	
b. Title DIRECTOR OF COUNTY AIRPORTS				c. Telephone Number (give area code) (619) 956-4839	
d. Signature of Authorized Representative				e. Date Signed 06/06/07	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/06/07	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 00-9581648		Division: AIRPORTS	
Address: Street: 1960 JOE CROSSON DR. City: EL CAJON County: SAN DIEGO State: CA Zip Code: 92020		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix:	
Country: USA		Email: Peter.Drinkwater@adcounty.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000934		Phone Number (give area code) (619) 956-4839	
Fax Number (give area code) (619) 956-4801			
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) A		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CARLSBAD, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McCLELLAN-PALOMAR AIRPORT - PALOMAR AIRPORT TERMINAL REDEVELOPMENT PROJECTS	
13. PROPOSED PROJECT Start Date: TBD Ending Date: TBD		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 51	
15. ESTIMATED FUNDING: a. Federal Less: \$500K 2006 Entitlement \$ 18,456,703 b. Applicant \$ 3,839,659 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ 0 g. TOTAL \$ 22,096,362		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/06/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: First Name: PETER Middle Name: Last Name: DRINKWATER Suffix: b. Title: DIRECTOR OF COUNTY AIRPORTS c. Telephone Number (give area code): (619) 956-4839 d. Signature of Authorized Representative: [Signature] e. Date Signed: 06/06/07			

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Plan <input type="checkbox"/> Funding Request <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.b. Frequency: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Other * Other (specify) <input type="text"/>		* 1.d. Version: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update	
		* 2. Date Received: Completed by Grants.gov upon submission.		STATE USE ONLY:	
		3. Applicant Identifier: <input type="text"/>		5. Date Received by State: <input type="text"/>	
		4a. Federal Entity Identifier: <input type="text"/>		6. State Application Identifier: <input type="text"/>	
		4b. Federal Award Identifier: <input type="text"/>			
1.c. Consolidated Application/Plan/Funding Request? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text"/>					
7. APPLICANT INFORMATION:					
* a. Legal Name: Rural Community Assistance Corporation					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2512284			* c. Organizational DUNS: 093587368		
d. Address:					
* Street1: 3120 Freeboard Drive, Suite 201			Street2: <input type="text"/>		
* City: West Sacramento			County: Yolo		
* State: CA: California			Province: <input type="text"/>		
* Country: USA: UNITED STATES			* Zip / Postal Code: 95691		
e. Organizational Unit:					
Department Name: Housing and Health			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this submission:					
Prefix: <input type="text"/>		* First Name: June		Middle Name: <input type="text"/>	
* Last Name: Otow				Suffix: <input type="text"/>	
Title: Director, Corporate Development					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: 360/835-2931			Fax Number: 360/835-2931		
* Email: jotow@rcac.org					

RECEIVED

JUN 11 2007

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 8a. TYPE OF APPLICANT:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

Business and Cooperative Programs

10. Catalog of Federal Domestic Assistance Number:

10.771

CFDA Title:

Rural Cooperative Development Grants

11. Areas Affected by Funding:

AK, AZ, CA, CO, HI, ID, MT, OR, UT, WA, NV, NM, WY

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-01

b. Program/Project:

varied

Attach an additional list of Program/Project Congressional Districts if needed.

Attachment_SF424.doc

Add Attachment

Delete Attachment

View Attachment

13. FUNDING PERIOD:

a. Start Date:

10/01/2007

b. End Date:

09/30/2008

14. ESTIMATED FUNDING:

* a. Federal (\$):

90,000.00

b. Match (\$):

50,000.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

☒ a. This submission was made available to the State under the Executive Order 12372 Process for review on:

06/07/2007

☐ b. Program is subject to E.O. 12372 but has not been selected by State for review.

☐ c. Program is not covered by E.O. 12372.

APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ☐ No ☒

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree ☒

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

June

Middle Name:

* Last Name:

Otow

Suffix:

* Title:

Director, Corporate Development

Organizational Affiliation:

* Telephone Number:

360/835-2931

* Fax Number:

360/835-2931

* Email:

jotow@rcac.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

Attach supporting documents as specified in agency instructions.

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/18/07	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		

5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
County of Fresno		Department: Department of Public Works and Planning		
Organizational DUNS: 078787397		Division: Community Development		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix:	First Name:	
2220 Tulare Street, 8th Floor		Ms.	Rebecca	
City: Fresno		Middle Name		
County: Fresno		Last Name Madrigal		
State: CA	Zip Code 93721	Suffix:		
Country: U.S.A.		Email: rxmadrigal@co.fresno.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)	
9 4 - 6 0 0 0 5 1 2		(559) 262-4292	(559) 488-3940	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. - County Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Housing Preservation Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Owner-Occupied Housing Rehabilitation Project in rural Fresno County		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County unincorporated rural areas				
13. PROPOSED PROJECT Start Date: 10/1/07 Ending Date: 9/30/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18, 19, 20, 21 b. Project 18, 19, 20, 21		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 100,000.00	DATE: June 4, 2007		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00			
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 200,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Alan	Middle Name		
Last Name Weaver	Suffix			
b. Title Director, Department of Public Works and Planning		c. Telephone Number (give area code) (559) 262-4078		
d. Signature of Authorized Representative		e. Date Signed June 12, 2007		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Yolo Mutual Housing Association		Organizational Unit: Department: NA	
Organizational DUNS: 023778066		Division: NA	
Address: Street: 430 F Street		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Davis		Prefix:	First Name: (Elizabeth)
County: Yolo		Middle Name Kim	
State: CA		Last Name Coontz	
Zip Code 95616	Suffix: Ms.		
Country: USA		Email: yolomha@sbcglobal.net	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

68-0386360

Phone Number (give area code) 530/297-1032	Fax Number (give area code) 530/297-1033
---	---

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

Not for Profit Corporation
Other (specify)

9. NAME OF FEDERAL AGENCY:
Rural Business Cooperative Services, USDA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program): RCDG 10-771

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Promoting and Sustaining Rural Cooperative Development.
Advancing ~~Coop~~ Rural Economies
Through Rural Cooperative
Development

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Statewide

13. PROPOSED PROJECT

Start Date: 12/1/07 Ending Date: 11/30/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
1st District, Mike Thompson b. Project
Misc. Statewide

15. ESTIMATED FUNDING:

a. Federal	\$	193,805.00
b. Applicant	\$	37,800.00
c. State	\$	
d. Local	\$	
e. Other	\$	31,070.00
f. Program Income	\$	
g. TOTAL	\$	262,675.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 6/8/07

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name (Elizabeth)	Middle Name Kim
Last Name Coontz		Suffix Ms.
b. Title Executive Director		c. Telephone Number (give area code) 530/297-1032
d. Signature of Authorized Representative		e. Date Signed 6/8/07

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/12/07		3. DATE RECEIVED BY STATE:	
2b. APPLICATION ID: 07SR076029		4. DATE RECEIVED: 04/12/07	
		STATE APPLICATION IDENTIFIER:	
		GRANT NUMBER: 06SRPCA024	
5. APPLICATION INFORMATION			
LEGAL NAME: County of San Joaquin		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give org codes): NAME: Olivia J. Briesmeister TELEPHONE NUMBER: (209) 468-2208 FAX NUMBER: (209) 468-2207 INTERNET E-MAIL ADDRESS: obriesmeister@co.ssn-joaquin.ca.us	
DUNS NUMBER:			
ADDRESS (give street address, city, state and zip code): P.O. Box 201456 Stockton CA 95201 - 3006			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000531		7. TYPE OF APPLICANT: 7a. Local Government - County 7b. Area Agency on Aging	
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">JUN 12 2007</p> <p style="font-size: 1.1em; margin: 0;">STATE CLEARING HOUSE</p> </div>	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84.002			
10b. TITLE: Retired and Senior Volunteer Program			
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Stockton contains the largest population of approximately 271,466, and is the central industrial/business section of San Joaquin County. The following cities are also located w		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP			
13. PROPOSED PROJECT: START DATE: 07/01/06 END DATE: 06/30/09		14. PERFORMANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 60,447.00	<input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 20-APR-07	
b. APPLICANT	\$ 40,696.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 40,696.00		
e. OTHER	\$ 0.00		
f. PROGRAM INCOME	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
g. TOTAL	\$ 101,143.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
9. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Joseph E Chelli		b. TITLE: Director	
		c. TELEPHONE NUMBER: (209) 468-1000	
		d. DATE: 04/12/07	

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No.

6-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: LEMOORE PACIFIC ASSOCIATES, A CA LIMITED PARTNERSHIP		Department: a California Limited Partnership	
Organizational DUNS:		Division:	
Address: Street: 430 East State Street, Suite 100		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Middle Name: Last Name: Suffix: Email: Phone Number (give area code): Fax Number (give area code): 	
City: Eagle			
County: Canyon			
State: Idaho			
Zip Code: 83616			
Country: USA		Middle Name: Last Name: Suffix: Email: Phone Number (give area code): Fax Number (give area code): 	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□		Middle Name: Last Name: Suffix: Email: Phone Number (give area code): Fax Number (give area code): 	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) (Federal Tax ID number has not been received as yet)		7. TYPE OF APPLICANT: (See back of form for Application Types)	
		M - Profit Organization	
		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Rental Housing program Section 515 (RRH-515)		9. NAME OF FEDERAL AGENCY: United State Department of Agriculture-Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lemoore, Kings County, California, USA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Montgomery Crossing Apartments: Affordable multi-family rental housing apartment project; 57 total units consisting of 24/2-bdrm, 24/3-bdrm, & 8/4-bdrm units to be built on approximate 3.53 acres located at 680 South 19th Avenue, Lemoore, Kings County, California	
13. PROPOSED PROJECT Start Date: 10-01-2007 Ending Date: 10-01-2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District #17 b. Project District #17	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA-Rural Development \$ 1,000,000.00 b. Applicant 2% Equity Contribution \$ 281,530.00 c. State Tax Credit Value \$ 9,709,961.00 d. Local Permanent Loan \$ 1,600,000.00 e. Other RDA Funds \$ 1,200,000.00 f. Program Income Deferred Dev.Fees \$ 285,000.00 g. TOTAL \$ 14,076,491.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 11, 2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: First Name: Middle Name: Last Name: Suffix: b. Title: c. Telephone Number (give area code): d. Signature of Authorized Representative: e. Date Signed:			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Acts Community Development		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 1034 66th Ave.		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Oakland		Prefix:	First Name: Charlene
County: Alameda		Middle Name	
State: CA		Last Name: Jackson	
Zip Code: 94621	Suffix:		
Country: United States		Email: cjackson@actfulgospel.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
10-0003952

7. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify) ☐ ☐

8. TYPE OF APPLICANT: (See back of form for Application Types)
0
Other (specify)

9. NAME OF FEDERAL AGENCY:
US Department of Housing & Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program): 14-157

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Construction of 63 one-bedroom units of low-income housing for elderly persons and one, two-bedroom resident manager's unit, in Oakland, CA.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
City of Oakland, County of Alameda, California

13. PROPOSED PROJECT
Start Date: 1/1/2008 Ending Date: 1/1/2049

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 9 b. Project 9

15. ESTIMATED FUNDING:

a. Federal	\$	8,300,400
b. Applicant	\$	0
c. State	\$	0
d. Local	\$	7,320,000
e. Other	\$	0
f. Program Income	\$	0
g. TOTAL	\$	15,710,400

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE:
b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

19. Authorized Representative
Prefix: First Name: Robert Middle Name: Suffix: Title: President
Signature of Authorized Representative: c. Telephone Number (give area code): (510) 587-1300
e. Date Signed: 6/1/2007

Previous Edition Usable
authorized for Local Reproduction

Application for Federal Assistance SF-424		Version 02	
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:			
* a. Legal Name: Christian Church Homes of Northern California			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680235719		* c. Organizational DUNS: 076292945	
d. Address:			
* Street1: 303 Hagenberger Road, Suite 201			
Street2: <input type="text"/>			
* City: Oakland			
County: <input type="text"/>			
* State: CA: California			
Province: <input type="text"/>			
* Country: USA: UNITED STATES			
* Zip / Postal Code: 94621			
e. Organizational Unit:			
Department Name: <input type="text"/>		Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: <input type="text"/>		* First Name: Bill	
Middle Name: <input type="text"/>			
* Last Name: Pickel			
Suffix: <input type="text"/>			
Title: Director of Development			
Organizational Affiliation: <input type="text"/>			
* Telephone Number: 510-746-4121		Fax Number: 510-746-4203	
* Email: bpickel@cchnc.org			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Oakland, Alameda County, California

* 15. Descriptive Title of Applicant's Project:

Development of 64 new units of housing for low-income elderly persons in Oakland, CA.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant <input type="text" value="9"/>	* b. Program/Project <input type="text" value="9"/>	
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="border: 1px solid black; padding: 2px;"><div style="border: 1px solid black; width: 200px; height: 15px; display: inline-block;"></div> Add Attachment Delete Attachment View Attachment</div>		
17. Proposed Project:		
* a. Start Date: <input type="text" value="01/01/2009"/>	* b. End Date: <input type="text" value="01/01/2049"/>	
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="8,390,400.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="6,032,000.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="14,422,400.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="06/11/2007"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; display: inline-block;">Explanation</div>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="Don"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="McCreary"/>		
Suffix: <input type="text"/>		
* Title: <input type="text" value="President/CEO"/>		
* Telephone Number: <input type="text" value="510-632-6712"/>		Fax Number: <input type="text" value="510-632-6704"/>
* Email: <input type="text" value="dmccreary@cchnc.org"/>		
* Signature of Authorized Representative: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div> * Date Signed: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div>		

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: CITY OF RIVERSIDE

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000769

* c. Organizational DUNS:

040502114

d. Address:

* Street1:

3900 Main Street

Street2:

* City:

Riverside

County:

Riverside

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92522

e. Organizational Unit:

Department Name:

RIVERSIDE POLICE DEPARTMENT

Division Name:

MANAGEMENT SERVICES

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Patty

Middle Name:

A

* Last Name:

Tambe

Suffix:

Title: Senior Management Analyst

Organizational Affiliation:

Grant Management and Administration

* Telephone Number: 951-826-5869

Fax Number: 951-826-5360

* Email: ptambe@riversideca.gov

RECEIVED

JUN 12 2007

STATE CLEARING HOUSE

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

G: Independent School District

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2007-1

* Title:

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Riverside

*** 15. Descriptive Title of Applicant's Project:**

Multi phase project between Riverside Police Department and Riverside Unified School District to install additional surveillance systems to increase school safety and security.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

44

* b. Program/Project

44

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

09/01/2007

* b. End Date:

08/31/2009

18. Estimated Funding (\$):

* a. Federal	125,400.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	125,400.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	250,800.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/13/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

RECEIVED

5a. Federal Entity Identifier:

*5b. Federal Award Identifier: JUN 12 2007

State Use Only:

STATE CLEARING HOUSE

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: MERCY HOUSING CALIFORNIA

*b. Employer/Taxpayer Identification Number (EIN/TIN):
94-3081666*c. Organizational DUNS:
883200900

d. Address:

*Street 1: 3120 FREEBOARD DRIVE, STE. 202

Street 2: _____

*City: WEST SACRAMENTO

County: YOLO

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 95691

e. Organizational Unit:

Department Name:
COMMUNITY DEVELOPMENTDivision Name:
WEST SACRAMENTO

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: MR.

*First Name: DAVID

Middle Name: _____

*Last Name: WILKINSON

Suffix: _____

Title: DIRECTOR OF COMMUNITY DEVELOPMENT

Organizational Affiliation:

PRIVATE NON PROFIT

*Telephone Number: 916-414-4419

Fax Number: 916-414-4492

*Email: DWILKINSON@MERCYHOUSING.ORG

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA

11. Catalog of Federal Domestic Assistance Number:

10-433

CFDA Title:

Rural Housing Preservation Grants

***12 Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2007

*Title:

HOUSING PRESERVATION GRANT 2007

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

CITY OF BIGGS

***15. Descriptive Title of Applicant's Project:**

MERCY HOUSING CALIFORNIA HOUSING PRESERVATION PROGRAM

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: DISTRICT 1

*b. Program/Project: DISTRICT 2

17. Proposed Project:

*a. Start Date: OCTOBER 2007

*b. End Date: SEPTEMBER 2008

18. Estimated Funding (\$):

*a. Federal	\$100,000.00
*b. Applicant	
*c. State	
*d. Local	
*e. Other	\$195,000.00
*f. Program Income	
*g. TOTAL	\$295,000.00

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on June 12, 2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____

*First Name: GREG

Middle Name: _____

*Last Name: SPARKS

Suffix: _____

*Title: VICE PRESIDENT

*Telephone Number: 916-414-4439

Fax Number: 916-414-4490

*Email: GSPARKS@MERCYHOUSING.ORG*Signature of Authorized Representative: 

*Date Signed: JUNE 12, 2007

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>		<div>RECEIVED JUN 13 2007 STATE CLEARING HOUSE</div>
* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>		4. Applicant Identifier: <input type="text"/>				
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>			
State Use Only:						
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>				
8. APPLICANT INFORMATION:						
* a. Legal Name: <input type="text" value="Cabrillo Economic Development Corporation"/>						
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="95-3681521"/>			* c. Organizational DUNS: <input type="text" value="143969368"/>			
d. Address:						
* Street1: <input type="text" value="702 County Square Drive"/>						
Street2: <input type="text"/>						
* City: <input type="text" value="Ventura"/>						
County: <input type="text" value="Ventura"/>						
* State: <input type="text" value="CA: California"/>						
Province: <input type="text"/>						
* Country: <input type="text" value="USA: UNITED STATES"/>						
* Zip / Postal Code: <input type="text" value="93003"/>						
e. Organizational Unit:						
Department Name: <input type="text"/>			Division Name: <input type="text"/>			
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix: <input type="text"/>		* First Name: <input type="text" value="Dan"/>				
Middle Name: <input type="text"/>						
* Last Name: <input type="text" value="Hardy"/>						
Suffix: <input type="text"/>						
Title: <input type="text" value="Project Manager"/>						
Organizational Affiliation: <input type="text" value="Cabrillo Economic Development Corporation"/>						
* Telephone Number: <input type="text" value="(805) 659-3791 ext.128"/>			Fax Number: <input type="text" value="(805) 647-4419"/>			
* Email: <input type="text" value="dhardy@cabilloedc.org"/>						

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.181

CFDA Title:

Supportive Housing for Persons with Disabilities

*** 12. Funding Opportunity Number:**

FR-5100-N-05

*** Title:**

Section 811 Supportive Housing for Persons with Disabilities

13. Competition Identification Number:

S811

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Ventura, Ventura County, California

*** 15. Descriptive Title of Applicant's Project:**

Paseo de Luz Apartments: New construction of a 25-unit independent living apartment building in Ventura, California for 24 low-income persons with chronic mental illness.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="3,599,131.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,599,131.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED June 8, 2007	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: Yuba-Sutter Economic Development Corporation		Organizational Unit: Department:
Organizational DUNS: 120321596		Division:
Address: Street: 1227 Bridge Street, Suite C City: Yuba City County: Sutter State: California		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Stephen Middle Name: M. Last Name: Brammer Suffix:
Zip Code: 95991	Email: sbrammer@ysedc.org	
Country: U.S.	Phone Number (give area code) 530-751-8555 x 101	Fax Number (give area code) 530-751-8515
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0342145		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for profit organization, Economic Development District Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302 TITLE (Name of Program): Economic Development Administration - Support for Planning Organizations		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Administration
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yuba and Sutter counties, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Yuba-Sutter Economic Development District - CEDS Reorganization and Regional Implementation
13. PROPOSED PROJECT Start Date: July 1, 2007 Ending Date: June 30, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 b. Project District 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 54,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 8, 2007
b. Applicant	\$ 44,831.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income	\$.00	
g. TOTAL	\$.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Mr.	First Name Stephen	Middle Name M.
Last Name Brammer		Suffix
b. Title Chief Operating Officer		c. Telephone Number (give area code) 530-751-8555 x 101
d. Signature of Authorized Representative		e. Date Signed June 6, 2007

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

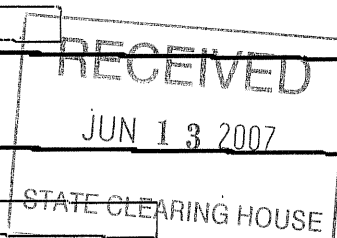
* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:



State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Christian Church Homes of Northern California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

680235719

* c. Organizational DUNS:

076292945

d. Address:

* Street1:

303 Hegenberger Road, Suite 201

Street2:

* City:

Oakland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94621

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Bill

Middle Name:

* Last Name:

Pickel

Suffix:

Title: Director of Development

Organizational Affiliation:

* Telephone Number: 510-746-4121

Fax Number: 510-746-4203

* Email: bpickel@cchnc.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Visalia, County of Tulare, State of California

* 15. Descriptive Title of Applicant's Project:

Development of 51 new units of housing for low-income elderly persons in Visalia, CA.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 9

* b. Program/Project 21

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2009

* b. End Date: 01/01/2009

18. Estimated Funding (\$):

* a. Federal	4,884,700.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	2,500,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	7,384,700.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/12/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Middle Name: * First Name: Don

* Last Name: McCreary

Suffix:

* Title: President/CEO

* Telephone Number: 510-632-6712 Fax Number: 510-632-6704

* Email: dmccreary@cchnc.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (See back of form for Application Types)	
Legal Name: Visalia Senior Housing, Inc.		23-7229653		O Other (specify)	
Organizational DUNS: 021771381				8. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development	
Address: Street: 115 West Murray Avenue		Zip Code: 93291-4916		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of 42 one-bedroom units of low-income housing for elderly persons and one, two-bedroom resident manager's unit, in Visalia, CA.	
City: Visalia		Country: United States		14. CONGRESSIONAL DISTRICTS OF:	
County: Tulare		Email: bpickel@cohnrc.org		a. Applicant 21	
State: CA		Phone Number (give area code) 510-746-4121		b. Project 21	
Country: United States		Fax Number (give area code) 510-746-4203		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROC289?	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 14-157		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Visalia, County of Tulare, California		13. PROPOSED PROJECT Start Date: 1/1/2008 Ending Date: 1/1/2048		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
15. ESTIMATED FUNDING:		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Federal \$		b. Applicant \$ 4,884,700			
c. State \$		d. Local \$ 0			
e. Other \$		f. Program Income \$ 0			
g. TOTAL \$ 7,384,700					

a. Authorized Representative		b. Title		c. Telephone Number (give area code)	
Prefix		First Name		550-734-5418	
Last Name		Middle Name		d. Date Signed	
MacDonald				6/31/07	
d. Signature of Authorized Representative		e. Date Signed			
Hanna Keelan					

Previous Edition Usable
Authorized for Local Reproduction

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION				
Legal Name: Oakland Housing Initiatives, Inc.		Organizational Unit: Department:		
Organizational DUNS: 800427689		Division:		
Address: Street: 1619 Harrison Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland		Prefix:		
County: Alameda		First Name: Shad		
State: CA		Middle Name		
Zip Code: 94612		Last Name Small		
Country: United States		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3137613		Email: ssmall@oakha.org		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) 510-587-2144		
Other (specify)		Fax Number (give area code) 510-587-2144		
8. TYPE OF APPLICANT: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (See back of form for description of letters.)		9. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-157		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of 61 one-bedroom units of low-income housing for elderly persons and one, two-bedroom resident manager's unit, in Oakland, CA.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oakland, County of Alameda, California		13. PROPOSED PROJECT Start Date: 1/1/2008 Ending Date: 1/1/2048		
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9 b. Project 9		15. ESTIMATED FUNDING:		
a. Federal \$ 8,129,100		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant \$ 0		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State \$ 0		DATE: June 13, 2007		
d. Local \$ 5,133,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$ 0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL \$ 13,262,100		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Jon		
Last Name Grealey		Middle Name		
b. Title Executive Director		Suffix		
c. Telephone Number (give area code) (510) 874-1512		d. Signature of Authorized Representative		
e. Date Signed 6.12.07				

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Christian Church Homes of Northern California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

680235719

* c. Organizational DUNS:

078292945

d. Address:

* Street1:

303 Hagenberger Road, Suite 201

Street2:

* City:

Oakland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 94621

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Bill

Middle Name:

* Last Name: Pickel

Suffix:

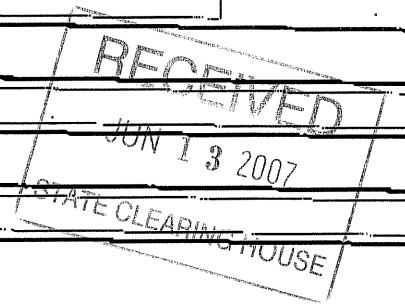
Title: Director of Development

Organizational Affiliation:

* Telephone Number: 510-746-4121

Fax Number: 510-746-4203

* Email: bpickel@cchnc.org



OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Oakland, County of Alameda, State of California

* 15. Descriptive Title of Applicant's Project:

Development of 73 new units of housing for low-income elderly persons in Oakland, California.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)[Delete Attachments](#)[View Attachments](#)

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 9

* b. Program/Project 9

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 01/01/2009

* b. End Date: 01/01/2009

18. Estimated Funding (\$):

* a. Federal	8,129,100.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	5,133,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	13,262,100.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/13/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Don

Middle Name:

* Last Name: McCreary

Suffix:

* Title: President/CEO

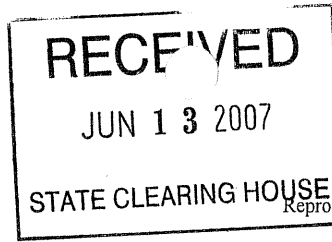
* Telephone Number: 510-632-6712 Fax Number: 510-632-6704

* Email: dmccreary@cchnc.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102



Reproduction of OMB Number: 4040-004
Expiration Date: 1/31/2009

Application for Federal Assistance SF-424 (page 1 of OMB's webpage version)		Version 02
1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed Corrected Application		2. Type of Application * If revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation * Other (Specify) <input type="checkbox"/> Revision
3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier		* 5b. Federal Award Identifier:
State Use Only		
6. Date Received by State:		7. State Application Identifier:
8. Applicant Information:		
a. Legal Name: <u>Central Valley Health Network</u>		
b. Employer/Taxpayer Identification Number (EIN/TIN) <u>68-0429643</u>		c. Organizational DUNS: <u>024727161</u>
d. Address:		
* Street 1: <u>1107 Ninth Street, Suite 810</u>		
* Street 2: _____		
City: <u>Sacramento</u>		
County: <u>Sacramento</u>		
* State: <u>California</u>		
Province: _____		
* Country: <u>United States</u>		
* Zip/Postal Code: <u>95814</u>		
e. Organizational Unit		
Department Name: <u>N/A</u>		Division Name: <u>N/A</u>
f. Name and contact information for matters involving this application:		
Prefix: <u>Mr.</u> *First Name <u>David</u>		
Middle name: <u>Michael</u>		
*Last Name: <u>Quackenbush</u>		
Suffix: _____		
Title: <u>Chief Executive Officer</u>		
Organizational Affiliation <u>Central Valley Health Network</u>		
Telephone Number: <u>(916) 552-2846</u>		Fax Number: <u>(916) 444-2424</u>
E-mail: <u>dquackenbush@cvhnclinics.org</u>		

9. Type of Applicant: #1 M. Nonprofit

#2 _____

#3 _____

Other (Specify) _____

10. Name of Federal Agency: Rural Development Telecommunications Program

11. Catalog of Federal Assistance Number: 10-855

CFDA Title: Distance Learning and Telemedicine Loans and Grants

12. Funding Opportunity Number: RDUP-07-01-DLT

Title: USDA-DLT

13. Competition Identification Number: Leave Blank

Title: Leave Blank

14. Areas affected by Project: **Attach Site Worksheet**15. Descriptive title of Applicant's Project: Oral Health Distance Learning Program

Attach supporting documentation as specified in agency instructions:

Attach Site Worksheet. Assemble and Tab Completed Application Package as described in Application Guide16. Congressional Districts of: a. Applicant: _____ b. Program/Project: Attach Site Worksheet17. Proposed Project: a. Start Date: October 1, 2007b. End Date: September 30, 2007

18. Estimated Funding:

Federal: \$350,660.00Applicant: \$62,000.00

c. State: leave blank

d. Local: leave blank

e. Other: \$0.00

f. Program Income: leave blank

g. Total: \$412,660.00

19. Is Application Subject to Review by State under Executive Order 12372 Process?

☒ a. This application was made available to the State under the E.O. 12372 process for review on: June 8, 2007☐ b. Program is subject to E.O. 12372, but not selected by the State.☐ c. Program is not covered by E. O. 12372.20. Is the Applicant delinquent on any Federal Debt? ☒ NO ☒ YES (If yes, provide and attach an explanation).

21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, title 218, Section 1001)

☒ I Agree ** The list of assurances, or an internet site where you may obtain this list, is contained in the announcement or Agency specific instructions.Authorized Representative: Prefix: Mr. First name: DavidMiddle Name: MichaelLast Name: Quackenbush Suffix: _____Title: Chief Executive OfficerTelephone Number: (916) 552-2846 Fax Number: (916) 444-2424e-mail: dquackenbush@cvhnclinics.orgSignature of Authorized Representative:  Date: June 8, 2007

Application for Federal Assistance SF-424

Version 02

* 1 Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2 Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision select appropriate letter(s):

* Other (Specify)

* 3 Date Received:

Completed by Grants.gov upon submission

4 Applicant Identifier:

RECEIVED

JUN 14 2007

5a Federal Entity Identifier:

* 5b Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6 Date Received by State:

7 State Application Identifier:

8. APPLICANT INFORMATION:

* a Legal Name: City of Roseville

* b Employer/Taxpayer Identification Number (EIN/TIN):

946000409

* c Organizational DUNS:

076119643

d. Address:

* Street1:

1051 Junction Blvd

Street2:

* City:

Roseville

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95678

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Dee Dee

Middle Name:

* Last Name:

Gunther

Suffix:

Title: Administrative Analyst

Organizational Affiliation:

* Telephone Number: 916-774-5015

Fax Number:

916-774-5019

* Email: ddgunther@roseville.ca.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10 Name of Federal Agency:**

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

COPS-SOS-2007-1

*** Title:**

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Increased security measures for Roseville's high school campuses

Attach supporting documents as specified in agency instructions

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a Applicant 4th

* b Program/Project 4th

Attach an additional list of Program/Project Congressional Districts if needed

17 Proposed Project:

* a Start Date: 10/01/2007

* b End Date: 09/30/2009

18. Estimated Funding (\$):

* a Federal	131,250.00
* b Applicant	0 00
* c State	0.00
* d Local	131,250 00
* e Other	0.00
* f Program Income	0 00
* g TOTAL	262,500.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a This application was made available to the State under the Executive Order 12372 Process for review on 06/15/2007
- ☐ b Program is subject to E O 12372 but has not been selected by the State for review
- ☐ c Program is not covered by E O 12372

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances or an internet site where you may obtain this list is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: * First Name: W

Middle Name: CRAIG

* Last Name: ROBINSON

Suffix:

* Title: CITY MANAGER

* Telephone Number: 916-774-5362 Fax Number:

* Email: citymanager@roseville ca us

* Signature of Authorized Representative: Completed by Grants gov upon submission * Date Signed: Completed by Grants gov upon submission.

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4 000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles County Sheriff's Department

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6000927

* c. Organizational DUNS:

028950678

d. Address:

* Street1:

4700 Ramona Boulevard

Street2:

* City:

Monterey Park

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91754

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Deryl

Middle Name:

* Last Name: Trotter

Suffix:

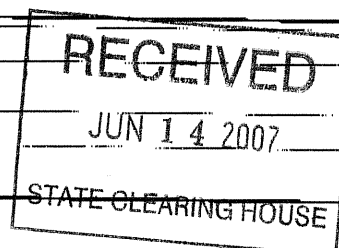
Title:

Organizational Affiliation:

* Telephone Number: (323) 526-5153

Fax Number: (323) 415-3393

* Email: dbtrotte@lasd.org



OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-SOS-2007-1

* Title:

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Hart UHSD Secure Our Schools Equipment Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 24-37

* b. Program/Project 25

Attach an additional list of Program/Project Congressional Districts if needed.

Cong. Districts.doc

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal	249,626.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	249,626.00
* f. Program Income	0.00
* g. TOTAL	499,252.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/14/2007.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Leroy

Middle Name: D.

* Last Name: Baca

Suffix:

* Title: Sheriff, Los Angeles County

* Telephone Number: (323) 526-5000 Fax Number: (323) 267-6600

* Email: grants@lasd.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 16-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE			State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: DINUBA PACIFIC ASSOCIATES, A CA LIMITED PARTNERSHIP	Organizational Unit: Department: a California Limited Partnership
Organizational DUNS:	Division:
Address: Street: 430 East State Street, Suite 100	
City: Eagle	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Margo
County: Canyon	Middle Name E.
State: Idaho Zip Code 83616	Last Name Swedberg
Country: USA	Suffix: Gar-Mar Associates
Email: garmar@ncbb.net	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

RECEIVED
 JUN 14 2007
 STATE CLEARING HOUSE

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) M - Profit Organization Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-415

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Dinuba, Tulare County, California, USA

13. PROPOSED PROJECT

Start Date: 10-01-2007	Ending Date: 10-01-2008
----------------------------------	-----------------------------------

15. ESTIMATED FUNDING:

a. Federal USDA-Rural Development	\$	1,000,000	.00
b. Applicant 2% Equity Contribution	\$	288,544	.00
c. State Federal Tax Credit Value	\$	9,498,673	.00
d. Local Permanent Loan	\$	1,400,000	.00
e. Other HOME Funds	\$	1,900,000	.00
f. Program Income Deferred Dev. Fee	\$	340,000	.00
g. TOTAL	\$	14,427,217	.00

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District #1	b. Project District #17
--------------------------	-------------------------

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: June 11, 2007
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix	First Name Caleb	Middle Name J.
Last Name Roope, Manager for:		Suffix

b. Title
 Roope, LLC General Partner

c. Telephone Number (give area code)
 208/461-0022 x3015

d. Signature of Authorized Representative

e. Date Signed
 June 11, 2007

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 15, 2007	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		

5. APPLICANT INFORMATION	
Legal Name: Mercy Housing California Organizational DUNS: 88-352-3748 Address: Street: 3120 Freeboard Drive, Suite 202 City: West Sacramento County: Yolo State: CA Country:	Organizational Unit: Department: Self-Help Housing Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Greg Middle Name John Last Name Sparks Suffix:
Zip Code: 95691	Email: gsparks@mercyhousing.org Phone Number (give area code) (916) 414-4439 Fax Number (give area code) (916) 414-4490

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 3 0 8 1 6 6 6 </div>	7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> Not for profit organization Other (specify)
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: USDA - Rural Housing Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 4 2 0 </div> TITLE (Name of Program): Rural Self-Help Housing Technical Assistance Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California propose to complete 92 houses while producing 92 equivalent units using the mutual self-help housing construction method.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yolo, Sutter, Yuba, Placer, Sacramento, San Joaquin, Amador, Contra Costa, Solano, El Dorado, Colusa	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1st b. Project 3, 5, 2, 4, 11, 19

13. PROPOSED PROJECT Start Date: 6/1/08 Ending Date: 5/31/10	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	---

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">2,147,557</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,147,557</td> <td>.00</td> </tr> </table>	a. Federal	\$	2,147,557	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	2,147,557	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	2,147,557	.00																										
b. Applicant	\$.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	2,147,557	.00																										

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Greg	Middle Name John	Suffix
Last Name Sparks		c. Telephone Number (give area code) 916-414-4439	
b. Title Vice President Development		e. Date Signed	
d. Signature of Authorized Representative			

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

JUN 15 2007

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Desert Alliance for Community Empowerment

* b. Employer/Taxpayer Identification Number (EIN/TIN):

330857187

* c. Organizational DUNS:

108363370

d. Address:

* Street1: 53990 Enterprise Way, Suite One

Street2:

* City: Coachella

County:

* State: California

Province:

* Country: USA

* Zip / Postal Code: 92236

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Miss

* First Name: Cynthia

Middle Name:

* Last Name: Clipper

Suffix:

Title: Chief Administrative Officer

Organizational Affiliation:

* Telephone Number: (760) 391-5050

Fax Number: (760) 391-5100

* Email: CYNTHIA@DACE-RANCHO.ORG

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Housing and Community Facilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433.

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2007

*** Title:**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California.

*** 15. Descriptive Title of Applicant's Project:**

Rehabilitation of owner-occupied homes in the communities of Riverside County, Calif., a federally designated Rural Empowerment Zone.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$100,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="\$20,000.00"/>
* e. Other	<input type="text" value="\$80,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$200,000.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: _____ * Date Signed: _____

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

JUN 15 2007

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Desert Alliance for Community Empowerment

* b. Employer/Taxpayer Identification Number (EIN/TIN):

330857187

* c. Organizational DUNS:

108363370

d. Address:

* Street1: 53990 Enterprise Way, Suite One

Street2:

* City: Coachella

County:

* State: California

Province:

* Country: USA

* Zip / Postal Code: 92236

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Miss

* First Name: Cynthia

Middle Name:

* Last Name: Clipper

Suffix:

Title: Chief Administrative Officer

Organizational Affiliation:

* Telephone Number: (760) 391-5050

Fax Number: (760) 391-5100

* Email: CYNTHIA@DACE-RANCHO.ORG

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Nonprofit with 501C3 IRS Status (other than institution of higher learning)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Housing and Community Facilities Programs

11. Catalog of Federal Domestic Assistance Number:

10.433.

CFDA Title:

Rural Housing Preservation Grants

*** 12. Funding Opportunity Number:**

USDA-RD-HCFP-HPG-2007

*** Title:**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The Cities of Blythe, Palm Desert and Coachella, as well as the unincorporated towns of Mecca, Oasis, North Shore, Thermal, Ripley, Mesa Verde and Desert Center in rural Riverside County, California.

*** 15. Descriptive Title of Applicant's Project:**

Rehabilitation of two mobile home parks in Riverside County, Calif., a federally designated Rural Empowerment Zone.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$100,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="\$85,000.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="\$185,000.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>		* 5b. Federal Award Identifier: <input type="text"/>			
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: THE EAST LOS ANGELES COMMUNITY UNION (TELACU)					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2554256			* c. Organizational DUNS: 010720597		
d. Address:					
* Street1: 5400 East Olympic Boulevard, Suite 300					
Street2: <input type="text"/>					
* City: Los Angeles					
County: Los Angeles					
* State: CA: California					
Province: <input type="text"/>					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 90022					
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: Tom			
Middle Name: Florencio					
* Last Name: Provencio					
Suffix: <input type="text"/>					
Title: Authorized Agent					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: 323.721.1655		Fax Number: 323.721.3560			
* Email: tprovencio@telacu.com					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

* 12. Funding Opportunity Number:

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of San Bernardino, County of San Bernardino, CA

* 15. Descriptive Title of Applicant's Project:

Supportive Housing for the Elderly

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="10,735,731.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text" value="1,200,000.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="11,935,731.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Piazza Apartments

5a. Federal Entity Identifier:

13-308-5381

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Elderly Housing Development & Operations Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):

65-0665009

* c. Organizational DUNS:

133085381

d. Address:

* Street1: 1580 Sawgrass Corporate Parkway, Suite 210

Street2:

* City: Fort Lauderdale

County:

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 33323

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name: James

Middle Name: N.

* Last Name: Broder

Suffix:

Title: Authorized Representative

Organizational Affiliation:

General Counsel of Applicant

* Telephone Number: 207-774-9000

Fax Number: 207-775-0612

* Email: jbroder@curtisthaxter.com

RECEIVED

JUN 15 2007

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Fontana, San Bernadino County, California

*** 15. Descriptive Title of Applicant's Project:**

Piazza Apartments

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,966,683.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="1,752,941.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="9,744,624.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-013

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 07-15-07

* b. End Date: 04-30-08

18. Estimated Funding (\$):

* a. Federal	\$200,000.00
* b. Applicant	\$40,000.00
* c. State	
* d. Local	
* e. Other	\$636,770.00
* f. Program Income	
* g. TOTAL	\$876,770.00

RECEIVED

JUN 15 2007

STATE CLEARING HOUSE

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06-15-07☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: Fred

Middle Name:

* Last Name: Diaz

Suffix:

* Title: Executive Director

* Telephone Number: 510-284-4000

Fax Number: 510-284-4001

* Email: fdiaz@cl.fremont.ca.us

* Signature of Authorized Representative:

* Date Signed: 06-14-07

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OMB Number: 4046-0004
Expiration Date: 07/31/2008

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Complied by Grants.gov upon submission.

4. Applicant Identifier:

R9 Tracking # 07-295

5a. Federal Entity Identifier:

07-295

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Fremont Redevelopment Agency

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6027361

* c. Organizational DUNS:

76549104

d. Address:

* Street1:

3300 Capitol Avenue (P.O. Box 5006)

Street2:

* City:

Fremont

County:

Alameda

* State:

California

Province:

* Country:

USA

* Zip / Postal Code:

94537

e. Organizational Unit:

Department Name:

Community Development Department

Division Name:

Office of Housing and Redevelopment

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Dan

Middle Name:

* Last Name: Schoenholz

Suffix:

Title: Special Projects Manager

Organizational Affiliation:

Community Development Department

* Telephone Number: 510-494-4438

Fax Number: 510-494-4402

* Email: dschoenholz@ci.fremont.ca.us

OMB Number: 4040-0004
Expiration Date: 07/31/2008

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Cleanup

* 12. Funding Opportunity Number:

EPA-OSWER-OBCR-07-01

* Title:

13. Competition Identification Number:

EPA-560-F-08-246

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Fremont

* 15. Descriptive Title of Applicant's Project:

Remediation of contaminated soil at 37592 Niles Blvd., Fremont.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Facsimile TransmittalU. S. Department of Housing
and Urban DevelopmentOMB Approval No. 2525-0118
exp. Date (04/30/2005)**1179174621 - 5181**Office of Department Grants
Management and Oversight

* Name of Document Transmitting:

SF-424

1. Applicant Information:

* Legal Name: BRIDGE Housing Corporation

* Address:

* Street1: 345 Spear Street

Street2: Suite 700

* City: San Francisco

County: San Francisco

* State: CA: California

* Zip Code: 94105-1673

* Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 132753625

CFDA No.: 14.157

Title: Supportive Housing for the Elderly

Program Component:

3. Facsimile Contact Information:

Department:

Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Mr.

* First Name: Ben

Middle Name:

* Last Name: Metcalf

Suffix:

* Phone Number: 415-989-1111

Fax Number: 415-495-4898

* 5. Email: bmetcalf@bridgehousing.com

*** 6. What is your Transmittal? (Check one box per fax)**☐ a. Certification☒ b. Document☐ c. Match/Leverage Letter☐ d. Other

* 7. How many pages (including cover) are being faxed?

5

RECEIVED

JUN 15 2007

STATE CLEARING HOUSE

Form HUD-96011 (10/12/2004)

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

3. APPLICANT INFORMATION:

* a. Legal Name: BRIDGE Housing Corporation

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2827909

* c. Organizational DUNS:

132753625

d. Address:

* Street1:

345 Spear Street

Street2:

Suite 700

* City:

San Francisco

County:

San Francisco

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94105-1673

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Ben

Middle Name:

* Last Name:

Metcalf

Suffix:

Title: Project Manager

Organizational Affiliation:

BRIDGE Housing Corporation

* Telephone Number:

415-989-1111

Fax Number:

415-495-4898

* Email:

bmetcalf@bridgehousing.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

*** 12. Funding Opportunity Number:**

FR-5100-N-07

* Title:

Section 202 Supportive Housing for the E

13. Competition Identification Number:

S202-07

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Palo Alto, Santa Clara County, California

*** 15. Descriptive Title of Applicant's Project:**

Fabian Way Senior

Attach supporting documents as specified in agency instructions.

[Add Attachment](#) [Delete Attachment](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 08

* b. Program/Project 14

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 01/01/2009

* b. End Date: 07/01/2010

18. Estimated Funding (\$):

* a. Federal	7,147,743.00
* b. Applicant	10,000.00
* c. State	0.00
* d. Local	2,383,929.00
* e. Other	14,046,632.00
* f. Program Income	0.00
* g. TOTAL	23,588,304.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Lydia
Middle Name:
* Last Name: Tan
Suffix:

* Title: Executive Vice President

* Telephone Number: 415-989-1111 Fax Number: 415-495-4898

* Email: ltan@bridgehousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 08

* b. Program/Project 14

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 01/01/2009

* b. End Date: 07/01/2010

18. Estimated Funding (\$):

* a. Federal	7,147,743.00
* b. Applicant	10,000.00
* c. State	0.00
* d. Local	2,383,929.00
* e. Other	14,046,632.00
* f. Program Income	0.00
* g. TOTAL	23,588,304.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Lydia

Middle Name:

* Last Name: Tan

Suffix:

* Title: Executive Vice President

* Telephone Number: 415-889-1111 Fax Number: 415-495-4898

* Email: ltan@bridgehousing.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6-15-07	Applicant Identifier R9 Tracking Number: 07-034
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		Name and telephone number of the person to be contacted on matters involving this application (give area code): Mary Leonard (909) 396-2780 mleonard@aqmd.gov	
6. EMPLOYER IDENTIFICATION (EIN): 953099419		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Special District	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input checked="" type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency Gary Lance	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.034 TITLE: Surveys, Studies, Investigations, Special Purpose Activities related to the CCA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: \$103 Research Grant: PM_{2.5}	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties			
13. PROPOSED PROJECT:		14. CONGRESSIONAL	
Start Date	End Date	a. Applicant:	b. Project:
10/01/2003	3/31/2008	42	25-48
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 6-15-07 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	950,316	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	950,316	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.		b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative Barry R. Wallerstein for BRWallerstein		e. Date Signed 15 June 2007	